

STAFF INFORMATION SHEET

NAME OF FACILITY: _____ DATE: _____

If there are 25 or fewer employees, each employee must be listed separately. If there are more than 25 employees, the number of employees in each position, working in the same building, on the same shift, may be indicated in the column "NAME."

NAME	POSITION	1ST AID	CPR	MED ADMIN	BLDG	WORK SCHEDULE						
						Mon	Tues	Wed	Thurs	Fri	Sat	Sun

[illegible]